Missouri Department of Mental Health

Vision and Leadership Considerations

January 2007 (Rev. 3/07)

DMH DIRECTOR TASKS: FIRST 60 DAYS

- **■** Focus the DMH vision;
- Build the DMH Leadership Team;
- Develop DMH director mentor groups:
 - Consumer/Family/Advocates
 - Providers
- Facilitate presentation of the '08 DMH Appropriations requests.

DMH VISION THEMES: 2007-2012

"The DMH Future We Seek
To Create"

DEFINITION OF ORGANIZATIONAL VISION

Vision:

A brief, compelling description of how DMH wants to operate at a designated future point, and how Consumers and their Families will benefit.

VISION DEVELOPMENT CONSIDERATIONS

- Each selected vision theme has the following costs:
 - Identifying the vision and building broad-based consensus;
 - Strategy Development/action planning
 - Resource allocation
 - > Program implementation
 - Outcomes Evaluation
- DMH will not have a problem identifying worthy vision themes; its problem will be in limiting the number of themes based on available resources and energy.

MISSOURI DMH VISION THEMES: 2007-2012

- "Do No Harm": DMH optimizes consumer safety in all its services.
- Strong Consumer/Family Voice: Consumers and Families have a strong voice in DMH program design, individual service planning and outcomes measurement.
- **Medical and Behavioral Service Integration:** DMH focuses care coordination on Consumers' behavioral *and* medical conditions for better health outcomes.
- Missouri Child Mental Health Leadership: DMH facilitates Missouri's interdepartmental vision/action to address child mental health needs.
- **Data-based Decision-Making:** DMH uses data analytics for Consumer risk prediction and program decision making.
- **Strong Local DMH Service Systems:** DMH develops and supports strong local MH service systems accountable for the full continuum of care.
- **Mental Health Leadership for the Future:** DMH develops and mentors a deep pool of future Missouri mental health state and local leaders.

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VISION THEME: DO NO HARM

■ The Vision: Consumers and their families do not fear greater risk of harm from DMH services than the condition that caused them to seek help from DMH.

Areas of Emphasis:

- Prevention of consumer Abuse and Neglect (CAN) in DMH state operated and contracted programs
- Clinical and pharmacological treatment guided by best-practice standards
- Well-designed and consistent CAN investigation processes
- > Fair accountability without creating a "paralysis of fear" among providers
- CAN goal-setting and evaluation measured through data analytics

- > Recommendations of MH Commission "Do No Harm" Report
- > Interdepartmental Task Force on Mental Health
- Future Recommendations of DMH Leadership Team, facility and provider representatives

VISION THEME: STRONGER CONSUMER/FAMILY VOICE IN DMH PROGRAMS

The Vision Theme: Consumers and their families have a strong voice in DMH program design and evaluation, and greater control of their individual treatment processes.

Areas of Emphasis:

- > Strong Consumer influence in program design and evaluation
- > Person-Centered Service Planning and Management

- Consumer/Family/Advocacy Director's Office mentoring
- Consumer/Family/Advocate Budget Item Review Group
- > Statewide Consumer/Family "Increase the Voice" contest
- > Person-Centered Service Planning/Management

VISION THEME: BETTER INTEGRATION OF BEHAVIORAL AND MEDICAL SERVICES

■ The Vision Theme: DMH focuses care coordination on Consumers' behavioral and medical conditions for better health outcomes.

Areas of Emphasis:

- Consumer risk prediction and prioritization based on co-occurring conditions
- Consumer medication and treatment adherence
- Consumer healthcare coordination and local service integration (medical, behavioral and substance abuse)
- > Promoting healthy consumers based on lifestyle and dietary choices

- Mental Health/Medicaid Pharmacy Partnership Budget Initiative
- Medicaid CCIP Initiative
- CMHC/FQHC collaboration
- > DMH smoke-free facilities and consumer smoking cessation programs

VISION THEME: FACILITATING/IMPLEMENTING A VISION FOR MISSOURI CHILD MENTAL HEALTH

■ The Vision Theme: DMH facilitates Missouri's interdepartmental vision/action to better address child mental health needs.

Areas of Emphasis:

- > Interdepartmental prioritization of child mental health needs
- Interagency child consumer risk predication modeling/action strategy development
- Promoting child prescribing consistent with best practice

- Voluntary school-based screening for mental illness in teens
- Maximizing Medicaid funding streams, such as EPSDT
- MH/Medicaid Pharmacy Partnership child-based initiatives

VISION THEME: USING DATA ANALYTICS FOR DECISION-MAKING

■ **The Vision Theme:** DMH uses data analytics for consumer risk prediction, program decision-making and outcomes evaluation.

Areas of Emphasis:

- Consumer Risk Modeling
- > Establishing Baselines for Trend Analysis
- Program Output and Consumer Activity Monitoring Systems
- Outcomes Evaluation
- Determining Return on Investment

■ Strategies:

- Consumer Abuse and Neglect Monitoring and Reporting
- Psychotropic Pharmacy Prescribing and Consumer Adherence
- Resource Utilization
- Tracking DMH Vision Theme Goals, Strategies and Outcomes

VISION THEME: STRONG, ACCOUNTABLE LOCAL MENTAL HEALTH SERVICE SYSTEMS

The Vision Theme: DMH develops and supports strong local MH service systems accountable for the full continuum of care.

Areas of Emphasis:

- Building/promoting strong, accountable, and influential systems in CPS, MRDD, and ADA
- Establishing new approaches to quality assurance
- > Exploring alternative reimbursement systems

■ Strategies:

- MRDD Regional Center Reform
- CPS Acute Care delegation and privatization
- MRDD Centers of Excellence
- Accreditation Initiatives
- Exploring Capitation/case rate/per diem structures for target high risk populations in lieu of current unit reimbursement strategies

VISION THEME: DMH LEADERSHIP DEVELOPMENT

■ The Vision Theme: DMH develops and mentors a deep pool of future Missouri mental health state and local leaders.

Areas of Emphasis:

- Future leader identification and recognition
- Leader Development
- Leader Mentoring

- > Developing protocols for future leader identification
- Utilization of DMH Leadership Team across program divisions
- Identification of broader state and local future leader group for Training and Mentoring
- DMH Leadership Institute

THE MISSOURI DMH LEADERSHIP TEAM

COMPOSITION OF THE DMH LEADERSHIP TEAM ACCOUNTABLE FOR ACHIEVEMENT OF THE VISION THEMES

- The DMH Leadership Team will consist of a a broader group than the DMH Senior Management Team
- The DMH Leadership Team will consist of :
 - Program Division Directors (ADA, CPS, MRDD); and,
 - Administrative Support Deputies and Directors (DMH Deputy Director, Clinical Support Director, Legal Counsel, Office of Administration Director, Budget Director, etc.); and
 - Leaders of DMH Priority initiatives (DMH Deputy Director, Transformation Initiative Leaders, Clinical Support leaders, etc.); and
 - Leaders selected for executive development.

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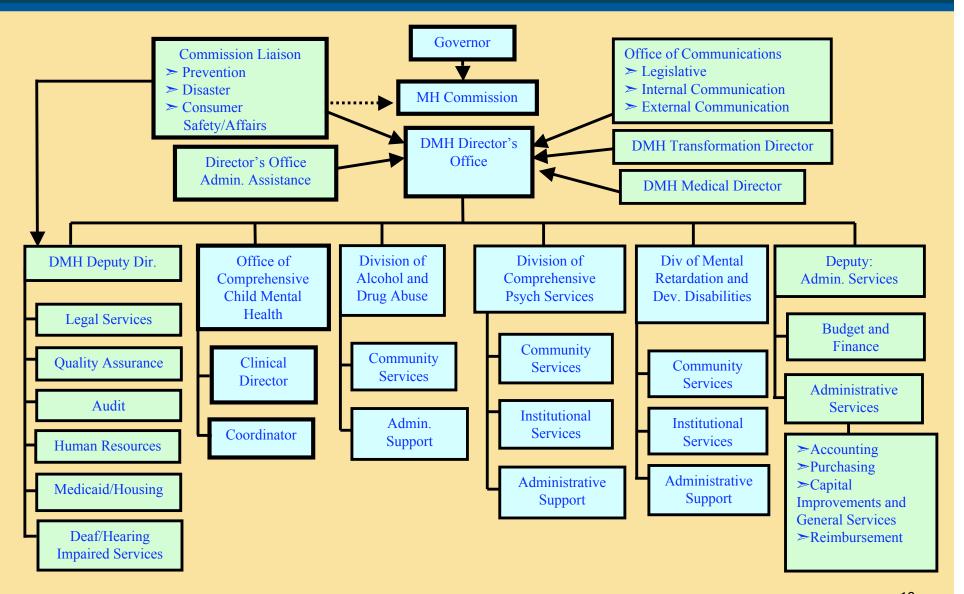
THE RULES OF THE 2007 DMH LEADERSHIP PROCESS

- All leadership team members must be invested in and accountable for the vision development processes.
- Designated individual team members may be delegated key responsibility for facilitating the team's effort.
- The DMH leadership team will be judged by two things:
 - > How we act, and
 - > What we do.
- **How we act** will determine whether we are trusted and respected.
- **What we do** will determine whether the vision is achieved.
- Being trusted and respected will help achieve the vision.
- Being trusted and respected is inadequate if the vision is not achieved.

DMH ORGANIZATIONAL STRUCTURE PRINCIPLES

- The department director has a direct line of authority to program divisions.
- DMH executives will strive to limit the number of direct reports to no more than seven when possible.
- In some cases, the DMH Director will supervise specialinitiative leaders (e.g. Transformation Initiative) to assure a focus on DMH's vision.
- MRDD and CPS Program Division Directors will be responsible for the full continuum of state-operated and contracted services in their individual disciplines.

DMH ORGANIZATIONAL STRUCTURE



DMH TRANSFORMATION STRUCTURE

